

WORKERS' COMPENSATION EMPLOYEE CHECKLIST

IF YOU HAVE AN OCCUPATIONAL INJURY OR DISEASE:

- ☐ Complete the C-1 (*Notice of Injury or Occupational Disease*) form and submit to your supervisor immediately but not more than 7 (seven) days after the injury or after learning about the occupational disease.
- ☐ Ask your supervisor to help you complete the form if you need assistance.

IF YOU NEED MEDICAL ATTENTION:

- ☐ Go to a provider on the Workers' Compensation PPO (Preferred Provider Organization) list. (Not the same as your group health list.) *If you go to any other medical provider you may jeopardize your workers' compensation benefits.*
(In case of serious injury, you will be transported to the nearest medical facility)
- ☐ If you are exposed to an occupational disease, complete the *Disease Exposure Report* and submit it to your supervisor. (Refer to Safety Policy/Procedure No 89-5)
- ☐ At the time of initial medical treatment, complete the C-4 (*Claim for Compensation/ Report of Initial Treatment*), and submit a copy to your supervisor.

IF THERE IS LOSS OF TIME FROM WORK:

- ☐ Obtain a Disability Slip from your physician and submit it to your supervisor as soon as possible if you learn that there will be time lost from work as a result of the industrial injury or occupational disease. (Your supervisor will send the disability slip to the Workers' Compensation Section, which will initiate the request for a paycheck from the Workers' Compensation Fund.)

IMPORTANT!!! NO DISABILITY SLIP—NO PAYCHECK

- ☐ Keep your supervisor informed about the status of your injury (i.e., date for returning to work) and provide him/her with any document that is pertinent to your claim.

QUESTIONS???? CALL WORKERS' COMPENSATION:

Jane @ 229-5044

Connie @ 229-5076

Sydney @ 229-5047